



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: DUPONT HOSPITAL, LLC

City of Hospital: FORT WAYNE

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150150

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$160466146
Outpatient Patient Service Revenue	\$246810627
Total Gross Patient Service Revenue	\$407276773

#### 2. Deductions From Revenue

Contractual Allowance	\$262723276
Other Deductions	\$0
Total Deductions	\$262723276

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$144553497
Other Operating Revenue	\$655429
Total Operating Revenue	\$145208926

#### 4. Operating Expenses

Salaries and Wages	\$28578212	Employee Benefits	\$7002283
Depreciation and Amortization	\$6010563	Interest Expense	\$532644
Bad Debt	\$7209122	Other Expenses	\$45846060
Total Operating Expenses	\$95178884		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$50030042	Total Assets	\$126551487
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$11961688
Total Net Gains	\$50030042		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$110080329	\$90272417	\$19807912
Medicaid	\$49887359	\$34939924	\$14947435
Other Government	\$5384939	\$3345357	\$2039582
Other State	\$5872210	\$4917878	\$954332
Other Payers	\$236051939	\$129247699	\$106804240
Total	\$407276776	\$262723275	\$144553501

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

### Statement Six: Charity Statement

Hospital Charity Charges	\$1427168
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$242485	
HCI Payments	\$0		
Subtotal	\$0	\$242485	\$-242485
Medicaid Shortfalls	\$12648403	\$8085556	
Subtotal	\$12648403	\$8328041	\$4320362
DSH Payments	\$0		
Subtotal	\$12648403	\$8328041	\$4320362
Medicare Shortfalls	\$19338642	\$18687938	
Other Government Programs	\$2039582	\$914935	
Total	\$34026627	\$27930914	\$6095713

### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0